ULCER OF THE JEJUNUM: ACUTE PERFORATION

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THE rarity of the lesion in this patient justifies a case report, especially since the history and findings resembled those of acutely perforated peptic ulcer.

REPORT OF CASE

T. S., a 63-year-old white laborer, was seized without warning by severe pain felt throughout the abdomen. This appeared while he was lifting heavy timber, and persisted continuously, becoming gradually more severe. There was no colic; no nausea nor vomiting, nor other symptoms.

His past history was strictly uneventful, except for repair to a right indirect inguinal hernia some twenty years ago. He had recurrence of the hernia, but was well supported by a truss.

On examination he was in extreme pain. The abdominal wall was hard, and the most tenderness was in the lower right quadrant. The pulse was 94 beats per minute, and regular. The blood pressure was 145 millimeters mercury systolic, and 60 millimeters mercury diastolic. The chest was negative. There was a small painless recurrent right inguinal hernia, and the old herniotomy scar.

He was given morphin sulphate, one-quarter grain, without improvement, and was hospitalized immediately. His white blood cell count was 18,000 per cubic millimeter of blood, 90 per cent being polymorphonuclear leukocytes and 10 per cent lymphocytes. Urinalysis showed a few pus and red blood cells. Flat roentgenographic abdominal examination was negative.

With a preoperative diagnosis of perforated peptic ulcer, he was taken to surgery. Under spinal anesthesia an upper right rectus incision was made. As soon as the peritoneum was opened large quantities of amber fluid, containing fibrinous flecks, escaped. Careful examination of the stomach from the cardia to the second portion of duodenum failed to show an ulcer or perforation. The lesser peritoneal cavity was explored through gastrocolic omentum, and no perforation could be found. Amber fluid oozed intermittently from many areas, so that tracing the source was difficult. From the duodenojejunal angle, for the first 30 centimeters of jejunum loops were adherent by old fibrous adhesions. This portion of the bowel showed thickened walls, but there was no evidence of regional ulceration until about 35 centimeters from the duodenojejunal angle, where a fresh perforation, 1½ centimeters in diameter, was seen. Bile-stained jejunal contents were escaping from the perforation. The margins of the area were excised and the perforation closed with two layers of intestinal chromic catgut and reinforced interrupted sutures at the angles. Resection of the bowel was inadvisable; so that an entero-anastomosis was made between the proximal jejunum and an area a few centimeters distal to the perforation. The anastomosis was made in the usual manner (using two rows of continuous intestinal chromic catgut sutures, reinforcing with interrupted serosal silk sutures), and the opening readily admitted two fingers. Examination of the rest of the small bowel was negative. The vermiform appendix was small and fibrous. The wound was closed in the usual manner, and reinforced with through-and-through silkworm-gut sutures.

Report on Tissue.

The specimen was examined by Dr. Alvin J. Cox, who described it as follows:

The gross specimen was an oval bit of intestinal wall measuring 9 by 4 millimeters. This was covered on one surface by granular mucosa, which showed no gross abnormalities.

Histologic Examination.—Sections showed jejunal mucosa overlying a piece of edematous muscularis. Both exhibited moderate irregular infiltration of polymorphonuclear leukocytes. At one edge of the section the mucosa showed a heavier leukocytic infiltration and adjoined a zone of necrotic tissue, heavily infiltrated by leukocytes, and the subserous tissue was edematous with similar leukocytic infiltration. Several small, thin-walled vessels were distended by collections of leukocytes.

The diagnosis was: (1) Ulcer, jejunum, acute. (2) Peritonitis, acute, jejunum.

Progress.

After the first two days of critical illness the patient improved remarkably. On the eighth postoperative day, the wound was opened superficially, pus evacuated, and on culture grew nonhemolytic Staphylococcus aureus. Progress was otherwise uneventful, and he was dismissed from the hospital on the sixteenth postoperative day and he has been in excellent health. The wound has healed well.

The final diagnosis was: (1) Ulcer, jejunum, acute. (2) Perforation, acute; ulcer, jejunum.

COMMENT

We believe that an ulcerative lesion of the jejunum is rare, particularly with no previous history of abdominal disease. In this instance there was anatomic evidence of previous, old, serosal disease of the jejunum, if one is to so interpret the serosal fibrous adhesions on the proximal jejunum. However, at no time was our patient symptomatically aware of any intestinal disease.

Search through the literature has failed to find a similar case. The manner in which the perforation was undoubtedly precipitated—namely, excessive lifting—is very commonly encountered in peptic ulcer, and could reasonably occur with ulcerative disease elsewhere in the digestive tract. There are numerous instances in the literature of rupture of the jejunum and ileum, but not on the basis of a previously existing acute ulcer.

In closing, we should like to call attention to this rare cause of acute abdominal disease, simulating acutely perforated peptic ulcer.

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HIPPOCRATES' APHORISMS*

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SECTION THREE (Continued)

21. In summer a run of chronic tertian fevers,
Ophthalmias, vomiting and diarrheas start;
Pains of the ears, sudamina and ulcers of the mouth,
Withal mortification of the private parts.

22. In fall fits, asthma, ileus and quartan fevers,
Melancholy and mania, big spleen;
Dysentery, sciatica and dropsy,
And quinsy, strangury and phtisis are oft seen.

23. In winter, most prevail coughs and coryzae,
Sore throat and pains of the loins and chest;
Oft pleurisy, pneumonia, while many're
By headaches, dizziness, and strokes distressed.

24. Infants and younger children are inclined
To vomiting, coughs, aphtae, running ears,
Sore mouths, inflammations of the navel,
Insomnia and, oft, nocturnal fears.

* For other aphorisms, see CALIFORNIA AND WESTERN MEDICINE, March 1940, page 125; April 1940, page 179; May 1940, page 231; July 1940, page 35; August 1940, page 85.

25. Pending dentition one may often see,
Especially when canine teeth are cut
in fat and constipated children: fevers,
Convulsions, itchy gums, and diarrhea.

26. Older children are prone to swelling of the glands,
Infections of the tonsils, scrofula and stones,
Scoliosis of the spine, asthma, and round worms,
And, oft, tuberculosis of the bones.

27. Still older children and those approaching manhood
Are prone to the above-cited complaints;
Withal to nose bleedings, chronic fevers and like taints.

28. Most crises in young people fall in forty days,
In seven months or years, or time of puberty.
An ailment that persists beyond this age
Is likely to become a chronic malady.

29. Those who, past youth
Are subject to
Fits, phthisis, spitting blood
And other ailments, too.

30. Mature persons are prone to asthma, diarrhea,
Phrenitis, cholera, and pleurisy;
Dysentery, pneumonia, and fevers,
Withal to hemorrhoids and lethargy.

31. The old are heirs to dyspnea, catarrhs,
Dysuria, joint pains, nephritis and strokes,
Cachexia, pruritus and cataracts;
Withal discharges of the bowels, nose and eyes,
Insomnia, and eye and ear impairments.

* * *

SECTION FOUR

1. If it's indicated, pregnant women
From the fourth to the seventh month can well be purged;
But in the first and last terms of gestation
Strong cleansing is not safe, and should be never urged.

2. While purging, drain such matters from the system,
As drain themselves for the body's benefit;
All other stuff, which has no cleansing value,
Should be retained, as harmful to emit.

3. Removal of the stuff of morbid nature,
Which calls for purging, is well borne and good;
But purging of the stuff which is not morbid
Is weakening, and should be well eschewed.

4. In summer, upward purging
One should prefer;
In winter, purging downward,
One should spur.

5. In dog-days season,
And the time close to it,
Forbear strong purging
And—don't do it!

6. For slender people,
Whose stomachs easy turn,
Upward purging, barring winter,
Is of great concern.

7. All persons moderately fat,
And difficult to retch,
Ought to be purged downward
During the summer stretch.

8. An upward purging in a man
Suffering from phthisis
May easily precipitate
An acute and dangerous crisis.

9. The melancholic sick should be
Purged downward abundantly.

10. In acute illness, if inside matters
Press for an emission,
Purge sick at once, or else you may
Bring on a grave condition.

11. When pains about the loins
And navel are not cleared
By purging, then tympanitis
May commonly be feared.

12. An upward purge of persons
Whose bowels are inflamed
In winter time, is a mistake
For which one might be blamed.

13. The sick upon whom hellebore
Acts hard, with food and rest,
Should moisten well their system
Ere they the drug ingest.

14. The one who takes a drought of hellebore
Should move about and avoid repose;
A rough sea voyage can well prove this point:
It stirs the system up and makes one indisposed.

15. To speed up hellebore effect, and make it stronger,
The sick must move about and keep himself in action.
The opposite state: indolence and rest
Slow down and impede this potent drug's reaction.

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There is no evidence to substantiate the impression that the milk-producing ability of women decreases with age, *Hygeia, The Health Magazine* declares. If the prospective mother can adjust her mental environment and decide that she is going to nurse her baby, she probably will in spite of her age.